



BAART Programs

Lynwood Clinic
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January 23, 2015

Angela Garner
Deputy Director
Division of State Demonstrations and Waivers
Center for Medicaid and CHIP Services, CMS
7500 Security Boulevard, Mail Stop S2-01-16
Baltimore, MD 21244-1850

**Re: Proposed California Amendment to Bridge to Health Reform
Demonstration (No. 11-W-00193/9), Drug Medi-Cal Organized
Delivery System Waiver**

Dear Ms. Garner:

I write on behalf of the 240 patients who receive substance use disorder treatment services at our opiate treatment program located at 11315 S. Atlantic Ave. Lynwood, CA 90262. We are strongly opposed to sections of the California Bridge to Reform Demonstration (No. 11-W-00193/9) Amendment for Drug Medi-Cal Organized Delivery System Waiver, submitted by the California Department of Health Care Services. Our concern, based on 10 years of program operation, is that waiving federal access protections and granting Los Angeles county authority to establish reimbursement rates will result in decreased access to critical, life-saving treatment services.

Specifically, the current proposal will waive beneficiary freedom of choice, equality in amount, duration and scope, state wideness and reasonable promptness, some of which form the basis of a lawsuit 20 years ago called Sobky Vs. Smoley. Before that lawsuit, Los Angeles County limited access to our services by limiting DMC slots. After the lawsuit, the Los Angeles County entered into direct contracts with providers and removed this requirement. As a result, significantly more

people have entered treatment and beneficiaries can access medically-necessary treatment on demand, without the waiting lists that were standard practice before the lawsuit. This waiver is likely to overturn that lawsuit and cause the California and Los Angeles County to regress back more than 20 years. We ask that CMS **NOT** do anything that may undermine the permanent injunction that was based on overwhelming evidence of county efforts to limit access. Instead, we suggest CMS require California to carve-out opiate treatment providers from this waiver. Such carve-out will not preclude Los Angeles County from contracting with our program and offering OTP services to residents of Los Angeles County.

BAART Lynwood has been in operation since 4/1/2004. We serve 240 patients daily and our multidisciplinary team of 15 employees includes a Clinic Director, Medical Director, Physician extenders, nurses, therapists and addiction treatment specialists. We provide state of the art drug treatment through dedicated staff committed to offering personal, caring and individual attention to each of our patients. Our patient population is 65% male and 35% female with 63% of patients being over 50 years of age. We serve mostly minority groups with a 63% Hispanic, 24% Caucasian, 10% African American, 2% Asian and 1% American Indian. It is important to note that most of these patients are of low income with a 65% of patients reporting to be disabled, retired, or unemployed. Health Care reform (the Affordable Care Act) has significantly increased access to NTP services. We have seen an increase in access to treatment particularly from those patients who wanted to receive treatment with us before but could not afford to pay for it. This waiver will undermine the intent of the ACA.

BAART Lynwood operates in Los Angeles County. Los Angeles County is a large urban area with a significant number of NTP programs. The Substance Abuse Prevention and Control Program (SAPC) oversees all NTP's. We are happy to say that we enjoy a good relationship with SAPC and its employees. Historically, SAPC has been supportive of methadone treatment. Presently SAPC is under the new lead of Wesley Ford. Mr. Ford, although new to the field of drug treatment possesses extensive knowledge in public health. He has been in his position for a year now and although he has been trying to bring himself up to speed with all of the requirements of his new role. We feel that his lack of knowledge of NTP treatment could present an issue of standing up to the board of supervisors if and when they are told to move money away from methadone treatment to fund OBOT

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or residential treatment.

California's Proposition 36 is a good example of how county control over treatment will result in limited access. Under Prop 36, Los Angeles County failed to refer patients to NTP services. BAART Lynwood received zero referrals for methadone treatment. On the contrary, established patients were told by their CASC's sites that they would have to get off of methadone in order for them to attend outpatient drug free or residential treatment. Some of our patients abandoned treatment only to relapse to heavy drug use later for fear of being sent to jail.

Thus, in this recent example of a county-managed "organized delivery system," referral to methadone maintenance was non-existent. As a result, opioid-dependent participants could not access treatment due to the services allowed by the county. All this despite the repeated recommendations of the evaluation team recommending stronger oversight and use of methadone treatment.

In summary, BAART Lynwood requests that narcotic treatment programs be exempted from the Organized Delivery System waiver for the above stated reasons.

If you would like more information, please do not hesitate to contact me. Thank you for your consideration.

Sincerely,



Daniza Morales-Orellana
Clinic Director